

EMPLOYER STATUS REPORT For UNEMPLOYMENT COMPENSATION

Opportunity • Guidance • Support



RETURN COMPLETED FORM TO:

EMPLOYER STATUS UNIT 200 FOLLY BROOK BLVD. WETHERSFIELD, CT 06109-1114

TEL. NO. (860) 263-6550 FAX (860) 263-6567

Registration Number:

For Office Use Only

Status \_\_\_\_\_ Rate(s) \_\_\_\_\_ Quarter(s) \_\_\_\_\_ Date Rec'd \_\_\_\_\_

Table with columns: ABC, Over 6, Lag Date, IC, Under 6, Fund Code, Typed, 2ps, Other, Predecessor Reg. No.:

FOR NON-PROFIT - 501 (C) (3) EMPLOYER

FORM IS TO BE TYPED OR PRINTED IN INK. IF ADDITIONAL SPACE IS REQUIRED, PLEASE ATTACH EXTRA SHEET. INDICATE COMPANY NAME AT THE TOP OF SHEET AND INCLUDE RESPECTIVE ITEM NUMBER WITH RESPONSE.

1. Federal Identification Number \_\_\_\_\_ Tel. No. ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

2. Business or Trade Name \_\_\_\_\_

3. Name of Owner, Partners, or Corporate name, if other than above \_\_\_\_\_

4. Mailing address \_\_\_\_\_ Number \_\_\_\_\_ Street or P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

5. List Connecticut business locations, if different from above. If mailing address is P.O. Box, please give the physical location of business \_\_\_\_\_

6. Are you a nonprofit organization exempt from federal income tax under Section 501(c) (3) of the Internal Revenue Code? [ ] Yes [ ] No If yes, a copy of your Exemption Letter from the IRS must accompany this report. If applied for and waiting for determination, check here [ ] . If no, do not complete this form; instead, request Form UC-1A from this office.

6a. Non-profit organizations, determined to be liable, have the option of reimbursing the Connecticut Unemployment Compensation Fund for unemployment compensation benefits paid former employees, or paying the regular State Unemployment Compensation Tax. Please indicate Your option below. [ ] Reimbursement of benefits paid method [ ] Regular quarterly tax method

7. Describe the function of the organization. BE SPECIFIC. Health \_\_\_\_\_ Educational \_\_\_\_\_ Charitable \_\_\_\_\_ Other \_\_\_\_\_

8. Structure of organization Corporation Other (explain fully) \_\_\_\_\_

Table with columns: Names of Officers or Directors, Soc. Sec. Nos., Titles, Home Addresses

10. When did you first engage employees in Connecticut under the present type of organization? \_\_\_\_\_ Mo. \_\_\_\_\_ Day \_\_\_\_\_ Yr. \_\_\_\_\_

11. Did this organization succeed another? [ ] Yes [ ] No If yes, list previous employer \_\_\_\_\_

Was the previous employer subject to Conn. Unemployment Compensation Law? Yes No \_\_\_\_\_ Employer Number \_\_\_\_\_

Will the previous employer remain active? [ ] Yes [ ] No

- 12a. Were you a Connecticut employer in any part of any 13 weeks in any one of the three (3) preceding calendar years? If "yes", indicate the years: \_\_\_\_\_
- 12b. Will you be a Connecticut employer in any part of 13 weeks within the current calendar year or the next calendar year?  
 YES  NO  Indicate year \_\_\_\_\_
13. List below the number of individuals in your employ in Connecticut within each calendar week. Include FULL and PART-TIME employees and PAID corporate officers and directors. Also list TOTAL WAGES paid in each quarter.

**RECORD OF CONNECTICUT EMPLOYMENT IN CURRENT CALENDAR YEAR \_\_\_\_\_**

Year _____	January				February				March				April				May				June							
Week Ending																												
Number Employed																												
Year _____	July				August				September				October				November				December							
Week Ending																												
Number Employed																												
<b>TOTAL WAGES</b>	1 <sup>ST</sup> Qtr \$ _____				2 <sup>nd</sup> Qtr \$ _____				3 <sup>rd</sup> Qtr \$ _____				4 <sup>th</sup> Qtr \$ _____															

**RECORD OF CONNECTICUT EMPLOYMENT IN PRECEDING CALENDAR YEAR \_\_\_\_\_**

Year _____	January				February				March				April				May				June							
Week Ending																												
Number Employed																												
Year _____	July				August				September				October				November				December							
Week Ending																												
Number Employed																												
<b>TOTAL WAGES</b>	1 <sup>ST</sup> Qtr \$ _____				2 <sup>nd</sup> Qtr \$ _____				3 <sup>rd</sup> Qtr \$ _____				4 <sup>th</sup> Qtr \$ _____															

**RECORD OF CONNECTICUT EMPLOYMENT IN PRECEDING CALENDAR YEAR \_\_\_\_\_**

Year _____	January				February				March				April				May				June							
Week Ending																												
Number Employed																												
Year _____	July				August				September				October				November				December							
Week Ending																												
Number Employed																												
<b>TOTAL WAGES</b>	1 <sup>ST</sup> Qtr \$ _____				2 <sup>nd</sup> Qtr \$ _____				3 <sup>rd</sup> Qtr \$ _____				4 <sup>th</sup> Qtr \$ _____															

I certify that the information in this report is true and correct.

By \_\_\_\_\_  
 (Signature)

Prepared By \_\_\_\_\_  
 (Signature)

Print Name \_\_\_\_\_

Print Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Title \_\_\_\_\_ Tel. Number \_\_\_\_\_